



Request Form for Data Information

Maricopa County Department of Public Health, Division of Epidemiology and Bio-Defense Preparedness and Response
1825 E. Roosevelt Street, Phoenix, AZ 85006
Phone (602) 506-6825 FAX (602) 506-6434

Office Use Only			
Distribution:	Mail _____	Fax _____	Pick-up _____
Check Completed:	Mailed _____	Faxed _____	Picked-up _____

Date of Request: ____/____/____

Date Needed: (Allow minimum of 2 weeks): ____/____/____

Requester Name: _____

Address: _____

Phone: _____

Fax: _____

Requester Affiliation: _____

☐

Profit Org

☐

Non-Profit Org

☐

County Agency

☐

Student/Faculty

☐

State Agency

☐

Other

Purpose of Information: _____

Please request only information you need. Unusually lengthy requests require much more staff and computer time and will result in greater preparation time and, possibly, client charges. Note that only data for Maricopa County are available from the county.

MISCELLANEOUS NOTES AND INSTRUCTIONS:

FOR OFFICE USE ONLY:

Completed by: _____ Date: ____/____/____

Time: _____

Completed by: _____ Date: ____/____/____

Time: _____

NATALITY (BIRTH) DATA REQUESTED

Time period(s) (1988 on available) (years and/or months): _____

Area(s) (must be census tracts, Health Status Areas, cities, or zip codes (available after 1999)): _____

All Births: ☐

Single Births Only: ☐

Multiple Births Only: ☐

Data Available (check only those needed):

Mother's age: ☐

Adolescent age group: ☐

Race/ethnicity: ☐

Education: ☐

Marital status: ☐

Child's sex: ☐

Birth weight: ☐

No. of prenatal visits: ☐

Trimester care began: ☐

Institution of birth: ☐

Gestational age: ☐

MORTALITY (DEATH) DATA REQUESTED

Time period(s) (1988 on available) (Years and/or Months): _____

Area(s) (must be census tracts, Health Status Areas, cities, or zip codes (available after 1999)): _____

19 Main Causes of Death: ☐

OR: Specific Cause(s): _____

Data Available (check only those needed):

Age: ☐

Race/ethnicity: ☐

Sex: ☐

Marital status: ☐

Education level: ☐

Infant mortality age components: ☐

Resident city at death: ☐

OTHER DATA/INFORMATION

Census data by year and age/race/sex for Health Status Areas only:

Time period(s) (years only): _____

Health Status Area(s): _____

** Other census data can be obtained from the Arizona State Department of Economic Security, Population Statistics unit, or from the ASU or County library.

(Please note that additional census data are available for Department of Public Health personnel.)

Specialized data are available from other databases. Please contact our office to discuss these data:

a. Hospital discharge data

b. Behavioral Risk Factor Survey (BRFS)